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REMARKS ON LEUCORRHOEA.

BY EDW. WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject of leucorrhœa is not a novel one, nor one that has met with little attention in medical and obstetric treatises. On the contrary, we are blinded by excess of light upon this topic; that is to say, if light be found in copiousness. Dr. Dewees has devoted about thirty pages to it; Dr. Davis, fifty quarto pages; and other writers in equal proportion.

Most women consider this disease to be the result of weakness, and this opinion has been sanctioned by many medical writers; and at least appears to be, by our modes of treatment. If we find a disease requiring, when we are called to treat it, stimulants and tonics, such as cantharides and iron, we are led insensibly to the idea that it is a disease of weakness. But however it may be when we are called to treat it, it seems to be now pretty generally allowed that the acute form, at least, is the result of inflammation.

Lisfranc, who goes rather further than others in attributing diseases of the internal genital organs to inflammation, considers this, as well as uterine difficulties in general, as incurable without medicine, and as liable to terminate in organic alterations.

It becomes, therefore, a matter of serious consequence to inquire how far is leucorrhœa an affection of the uterus; and if so, how far is it connected with organic disease?

Boivin and Duges consider the discharge as originating in the Fallopian tubes, the cervix of the uterus, and sometimes, though rarely, in the vagina. Other French writers consider it as uterine. Dr. Davis speaks of vaginal and uterine leucorrhœa, but he has considered them both under one head. Dewees describes leucorrhœa as generally vaginal. Churchill is the first who has distinguished them clearly from each other.

This distinction I believe to be of great importance. In the first place the two affections require a very different treatment; and in the second, we have much less to apprehend from a vaginal than an uterine affection. Can we distinguish them apart, therefore? and can we distinguish leucorrhœa of each kind from other disorders giving rise to a similar discharge? I believe that we can.

Leucorrhœa is liable to be confounded with gonorrhœa and with the matter from ulcers, abscesses, &c. From the former the diagnosis is avowedly difficult. The history of the case and the character of the

person who consults us will generally afford a clue. But although our reputation for sagacity may suffer somewhat thereby, we shall be justified in following the maxim of the law, and not suppose an individual to be criminal until she is proved to be so. With regard to abscesses and ulcers, the distinction must be made from the character of the discharge, which in this case is purulent, and from the greater severity of the symptoms. There may be some difficulty also in deciding as to the appellation of the disorder, when symptoms of dysmenorrhœa or irritable uterus are present. These three disorders may readily co-exist.

Vaginal leucorrhœa is described by Dr. Churchill as vaginitis, an inflammation of the mucous coat of the vagina. It is produced by the common causes that excite irritation or catarrh. The first symptoms are heat and soreness in the vagina, with itching of the external parts. Then comes on pain, smarting, a sensation of weight or bearing down, and of constriction as if the mucous membrane of the vagina were swollen. In severe cases the pain extends down the thighs.

The discharge does not come on for a day or two; it is at first thin and colorless, sometimes acrid. In a little while, it becomes whitish, yellowish, and of a much thicker consistence, or resembling cream. Dr. Davis says that the shades of color are almost endless. "In a table of 22 cases," in Blatin's work, "the proportions are of yellow and green twelve, of white six, of greyish two, of blackish one, and blueish one;" depending on the forms and degrees of inflammation. At the commencement of the attack there is considerable heat and tenderness, but when the discharge comes on it relieves the local symptoms, and is generally very profuse. In severe cases the attack is attended with feverish symptoms. It varies in duration from fifteen days to a month. Its effects are a narrowing of the canal, or an adhesion of its sides, but this contraction is readily removed, and the ultimate effect is a widening of the passage.

Chronic vaginal leucorrhœa is attended with less pain and tenderness or heat. The inguinal glands are never affected. The discharge from the vagina is the principal symptom. This is more or less devoid of color, of a mild character, though sometimes acrid and excoriating. There is weakness, weariness, aching in the back and loins, and after it has been of some standing, dyspeptic symptoms. This is distinguished from uterine leucorrhœa by its being unattended with uterine irritation; and its not being aggravated at the menstrual periods.

Uterine leucorrhœa is defined by Dr. Churchill to be a more or less profuse discharge of fluid secreted by the lining membrane of the uterus, varying a good deal in quality and color. The acute form is more frequent in younger persons, the chronic in older. It is comparatively rare. It differs from the chronic in the greater degree of local suffering and constitutional excitement. It is attended with febrile symptoms, and often with hysteria. The neck and body of the uterus are found tender to the touch and sometimes slightly swollen. There is no perceptible increase of heat. The irritation sometimes extends to the bladder and urethra. If not cured, it passes into the chronic form.

In the chronic form there is, in the severer cases, considerable local suf-

fering; a constant aching or pain in the back midway between the pubes and sacrum, i. e., in the uterus; there is languor, exhaustion, pulse small, weak, quicker than natural; the skin has a yellowish or greyish tint, sometimes flabby and moist, at others dry and hot; eyes sunken, surrounded by dark circles. Sometimes it is attended with chlorosis. The patient is subject to frequent headaches, especially in the back part of the head. There is vertigo and fainting. Tongue coated, appetite deficient, bowels costive.

On examination per vaginam, there is sometimes a slight enlargement of the body of the uterus, with some tenderness on pressure in the *acute* form, but little in the chronic. The os uteri is rather more open than in the healthy. Most frequently, however, no information is gained by examination. Examination with the speculum may show the mucous membrane of the cervix pale, slightly rose colored, deep red, or spotted. The discharge varies in quantity; it is in most cases nearly colorless and semi-transparent; in consistency, it varies from thin mucus up to a gelatinous or curdled fluid.

The local symptoms, therefore—the heat, soreness, and itching of the vagina when this is the seat of the affection, and the pain and soreness in the uterine region, in the back and loins, when it is in the uterus, together with the greater severity of the symptoms and the constitutional affection—form the diagnostic signs between the vaginal and uterine leucorrhœa.

Leucorrhœa is a complaint sufficiently common; so much so, that it has been said that the escape of any woman from it during the whole course of her life, is to be regarded as rather an accidental than a constitutional exemption. But organic uterine disease is comparatively very rare. Now as it is not a disorder for which females very readily apply to a physician, there must be very many cases of leucorrhœa which are never subjected to medical treatment. The inference is that many cases are cured without treatment. Gonorrhœa, when the violent symptoms are removed, will cure itself, at least in tolerably healthy persons, in spite of the general belief to the contrary. In fact, our medicines have so little power over the chronic affection, that unless there was a power in the system for removing the disorder, it never would be removed. One proof of this is afforded by the bad opinion which many experienced surgeons have of injections; they have become convinced that they rather aggravate than remove the disease.

The other outlets of the system—the mucous membrane of the nostrils, the mouth, and the rectum—are all liable to be affected with catarrh; a greater or less degree of dysentery or of mucous diarrhœa is exceeding common, and catarrh of the head and throat we all know is common enough. We may naturally conclude, therefore, that vaginal leucorrhœa is more common than uterine, though it is for the latter that we are most frequently consulted. With regard to the uterine affection, it is undoubtedly cured full as often by circumstances that affect the health and condition of the patient, as it is by medicine. In a female of good constitution, I believe it may cure itself. In other cases, change of air, and whatever contributes to invigorate the appetite and digestive

powers, and restore cheerfulness to the mind, will often effect a cure, and the patient recover perfectly without ever having recourse to a physician. We give iron and other tonics in this complaint when chronic, but we all know that the circumstances I have enumerated are more powerful tonics and stimulants than can be found in the Pharmacopœia.

It must be conceded, then, that leucorrhœa, both vaginal and uterine, is a sub-inflammation. The causes that produce it, its history and its symptoms, are all those of inflammation. But this inflammation is confined to the mucous membrane; it does not spread into the uterus, nor is it necessarily productive of disorganization. It may continue an indefinite period without extending to the internal membranes.

With regard to the treatment of leucorrhœa, the general principles are the same as in the treatment of inflammation. In the acute form of vaginal leucorrhœa, general bleeding and leeches are employed. In the milder cases, bran poultices or fomentations with warm water at first; and afterwards solutions of acetate of lead. The hip bath, the horizontal position, salines and tartar emetic, and spare diet, constitute the treatment recommended by Churchill. In the chronic form he uses injections of white oak bark, with or without alum, solutions of sulphate of zinc and of nitrate of silver. Lisfranc objects to local bloodletting and hip baths, on the ground that they produce congestion in the parts about which they are applied. Most writers recommend injections as a *sine qua non* in leucorrhœa generally. Dr. Churchill considers them useful in vaginal, but injurious in the uterine leucorrhœa. In the acute form of the uterine species he employs cupping and leeches. He describes four medicines as having control over it. These are, 1st, The balsam of copaiba. 2d, The preparations of iron, and especially the sulphate, with blue pills, or compound rhubarb pills. 3d, A decoction of logwood. 4, Ergot. When there is much irritation, conium or hyoscyamus is recommended. After the discharge has ceased, a course of sea bathing will be beneficial. I have mentioned the principles of Dr. Churchill's method of treatment, because he speaks very confidently of its success, and because I think he has given a clearer and more judicious account of the disease than any writer whose work I have seen. Robertson speaks very highly of the efficacy of cantharides, but it is only in a few cases that they are applicable. Our object is, in the first place, to remove inflammation, and in acute cases this is all we have to do. In chronic cases we have also to restore tone to the digestive organs.

Cases of leucorrhœa are common enough in the practice of every one. I may, however, mention the particulars of one case as rather more striking in the symptoms, and more satisfactory in its result, than those I have generally seen.

This was the case of a young woman from the country, aged 19, of sanguine temperament. She told me that she had had leucorrhœa for three months. There was when I saw her, Sept. 23, copious discharge, severe pain in the uterine region, of a dragging or bearing down nature; pain across the back and weakness, great debility, headache, coated tongue, loss of appetite, oppression after taking food, obstinate constipation, and slight febrile symptoms. I found, also, that two of the lower

dorsal vertebræ projected, in consequence of a fall received when a child. I directed an emetic of ipecac and calomel, to be succeeded by a brisk purgative, and a plaster applied to the back. The next day I found her a good deal relieved. The painful symptoms were much diminished. On the third day, however, she was not as well. I now gave her cathartic pills containing calomel and jalap, &c., to be taken every other night. These were continued for about a week, when I ascertained that she had other symptoms which she had been unwilling to mention to me. The most troublesome of these was incontinence of urine. There was incessant occasion to pass urine, but it was passed with difficulty and scalding, and was high colored. At other times it came away involuntarily. There was also considerable pain and soreness of the vagina. She had been under medical treatment in the country during the three months since the pain commenced, but without benefit. The dyspeptic symptoms were very much relieved, and the pain in the back and uterine region diminished, by the purgatives. The urinary troubles were now the principal. To obviate these, I gave her solution of salts every other morning; sub-carbonate of soda, one drachm, three times a day; and a decoction of slippery elm bark, a tea-cupfull, three times a day. A small pill of ipecac and opium at bed time, as she was able to obtain no sleep without. Under this treatment the affection of the bladder began immediately to subside; the urine was passed less frequently, with less pain, and in larger quantities. In about a fortnight all the unpleasant symptoms had left her, and nothing but debility and the chronic discharge remained. The patient expressed herself as being in a new world. I now gave her sulphate of iron, in pills of two grains each, with one grain of extract of gentian, three times a day. The discharge then diminished daily, and in a fortnight more she was perfectly well. I was the more pleased with this result, because the projection of the vertebræ and the general condition of the patient when I first saw her had led me to apprehend the existence of serious organic disease.

The affection of the bladder and vagina, taken by themselves, might have led to the suspicion of syphilitic or gonorrhœal disease. But in the first place, the character of the patient did not admit of a suspicion of this kind; and in the second place, the uterine affection was too strongly marked.

In regard to the apparent anomaly I have before alluded to, of giving tonics and stimulants in inflammatory disease, we give them rather as alteratives to excite a new action in parts that have become habituated to diseased action. They would not be proper in acute cases. The sulphate of iron, which is in most cases the best and safest remedy, produces its effect on the system in general; and it is probably full as much from its action upon the digestive organs, as from anything specific, that cantharides proves beneficial. Ergot does not seem to be a remedy that is likely to be of much value in these cases; it is probably much inferior to cantharides, and more likely to do harm.

Cambridge, Nov. 5th, 1840.

CLUB-FOOT.—OPERATION.

[Communicated for the Boston Medical and Surgical Journal.]

CHARLES RUSSELL, of Meredith, N. H., was born in 1820—a healthy, vigorous, perfect boy—and continued so until he was five years old. He was then attacked with cerebro-spinal disease (at the time called worms, and all the evils that followed were put to the account of calomel), which produced paralysis of the lower extremities on the fourth day. There was great heat and violent pain in the head, back and legs—the legs soon became very rigidly contracted. These symptoms gradually subsided, so that in two months his general health was very much improved, but he did not begin to walk for more than six months, and when he did it was found that both feet were deformed—the left one much worse than the right. The gastrocnemii muscles of the left leg did not grow as fast as the bones, so that in the end there was produced complete talipes varus. Standing, he rested on the astragalus; walking, by throwing the foot far to the left, he would strike the outer edge of the sole of the shoe, and bring himself on the ends of the metatarsal bones.

The Stromeyerian operation was explained and recommended to him, which he readily consented to have performed.

On the 16th of July, 1840, in presence of Drs. Hill of Sanbornton, Hoit of Northfield, and Knowles of Meredith, and assisted by my students, Messrs. Cochran, Jones and Wiggin, I performed the operation in the following manner. The patient was seated on a chair—the operator sitting in front, a little to the left, so as to bring the leg, a little above the ankle, across the right knee of the operator—turning the toes outward, so as to bring the inside of the foot into a horizontal position—the thigh of the patient resting on the knees of an assistant. Another assistant supported and flexed the foot, so as to stretch the tendon; it was then divided with a small cornea knife, which was easily accomplished, with the loss of but little blood.

After having let the patient rest an hour, the reducing apparatus recommended by Scoutetten was applied rather loosely, and the patient allowed to take a light dinner.

17th. Rested well; no pain nor inflammation. The cut was so small and so united as to be found with difficulty. We therefore commenced the reduction, which gave very little pain.

It is unnecessary to detail a daily account of this case. It is sufficient to say, there was not a single unpleasant symptom or occurrence in the operation or treatment of it. The patient went to his shop (tailor) on the fourth day from the operation, and attended to his business regularly ever after. The reduction was completed on the 12th day. He wore the apparatus until the 20th, when it was exchanged for a lace-up boot with two steel splints, with joints at the ankles. The splints were soon abandoned, and he has worn nothing since but laced boots. He can now, four months from the operation, walk much better—the foot is in good shape—no one would suspect any deformity—he sets it fair on the ground. In one year I think he will walk with but little limping. The

great hindrance to his walking well now, is the want of the gastrocnemii muscles, and a greater degree of flexion in the ankle-joint.

I have not seen it mentioned by any writer how far the reduction should be carried. In this case the leg was brought a little more than perpendicular; it probably should have been brought farther. This difficulty, however, will be overcome in some measure by great care in walking.

It has been mentioned by some, if not all the writers on this subject, that when the tendon is divided there is a little snap and an immediate yielding of the foot, giving good evidence at once that the operation is finished. It was not so in this case; there was no snap nor apparent change in the position of the foot, nor would the patient bear any effort at reduction by the hand. The cut ends of the tendon, however, could easily be felt more than half an inch apart.

The greatest amount of pain in the reduction of this case was occasioned by pressure of the sole of the foot on the foot-board. Dr. Little says this may be prevented by placing an air-cushion between the foot and the foot-piece of this apparatus—thus equally distributing the pressure over the whole sole.

JOSIAH CROSBY.

Meredith Bridge, N. H., Nov. 26, 1840.

IRREGULARS IN PRACTICE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Do you ever permit your subscribers to comment on your own editorial articles? If so, please allow a distant but constant reader of your pages to say that your late remarks on *homæopathy* were perused with interest and great pleasure. I most fully and heartily accord with the spirit of the communication, and I forward this merely to add my feeble support to the excellent stand you have taken. I beg to say that "it has amazed me, too, that any one should have suggested that the dignity of the pure school requires that these infinitesimal gentlemen should be thrust out of the *Æsculapian temple*." Are they not generally men of regular medical education? Are they not respectable in talents? Are they more clannish, more exclusive, than are all eager and sanguine discoverers? Are they not seeking with us to relieve human distress and suffering? And because they are adopting a new theory of medication, and, therefore, new methods of administering remedies, are we to frown on them and thrust them from our fellowship? We may thrust them from our fraternity: but if we do, we add another to the many proofs we have already afforded the world around us, that we are a quarrelsome—an irritable—a litigious race of men. I have often blushed, and for many years, at the consequential, tumid, vaporing, dictatorial, swaggering, illiberal manner with which some of my brethren pronounce the words "quackery!" "empiricism!" "trick!" "humbugging!" at the report of any *methodus medendi* that does not quadrate with the royal, beaten track.

Is it decided that we have arrived at the *ne plus ultra* of medical and

surgical perfection? If not, is it impossible that some adventurer in therapeutics—some eccentric workman in the noble labor of curing diseases—some over-the-fence experimenter—nay, some ignorant fellow—yes, all that, some ignorant essayist—may strike out, in the midst of much error, some substantial improvement? Why, then, not keep our eyes open to what is passing around us? I heard a most excellent practitioner, many years since, say that he had learned many very valuable clinical facts and improvements from “old women;” and the man who did not keep both ears open to the remarks of discreet, experienced ladies, would lose some valuable aids in the progress of his professional improvement.

There are some of our profession who think they have discharged all their duty when they have pronounced the word “humbug” on any new plan of curing diseases, and pompously declared that they never will countenance such quackery by even inquiring into its merits. But, have they done their duty to the families to whom they administer when sick? Are they grasping every improvement and incorporating it into their practice? Why was Harvey anathematized? Simply because indolence and pride could not brook innovation. Are not the homœopaths proscribed for the same reason? Suppose we retain them—I mean such as are candid and honorable—in our fellowship. May we not be benefited as well as they? Common sense forbids the hope that their practice of administering remedies can ever throw much light upon our path. But the theory that an ophthalmia may be removed by slightly increasing its inflammatory action; an indolent ulcer, a burn, a cutaneous eruption, in the same way; that a diarrhoea may be cured by artificial catharsis; a diabetes by extreme factitious diuresis, &c. &c., surely is worthy of careful consideration by every member of our profession.

But, Sir, I did not mean to be an advocate for Hahnemannism. My remarks are addressed to my fellow laborers. I beg them to consider if they know how contemptible it appears to our employers that, as a class of men, we make war on all competitors not of our own stamp. Suppose we should take off a little dignity and treat an adventurer kindly. Suppose we admit to the world, frankly, fully, without reserve, that we count our school discipline, our many painful, anxious researches, nothing; that we claim precedence and employment, and expect to have them, nay are sure that we shall have them, for this single reason, that we have more skill than the interlopers. Armed with this consciousness and confidence, we need not be litigious. We need not fear intercourse and communication with the neophytes: for if we do not acquire very great light, we certainly shall save ourselves from reproach.

ANTIQUUS.

DR. HOWE'S SURGICAL INSTRUMENTS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—You will perceive that the *Abdominal Supporter* (specimens of which I now send you) is somewhat improved, since you had the good-

ness to notice it in your Journal of the first of April last. In its present form, it is generally worn with much comfort to the patient and is found to be, emphatically, a *supporter*. The materials of which those of recent manufacture are covered, render them impervious to moisture, and will admit of washing or sponging. This improvement, in point of economy, is of considerable consequence both to the physician and to his patients; as several patients in succession may wear the same instrument, without its being very much impaired in its appearance.

In its *application*, the band should pass over the back pad, round the pelvis, between the ilii and trochanters, and buckled over the front pad; and the thigh-straps should pass obliquely upwards from below the ischii to be buttoned to the pelvis-band before and behind, so as to encircle about two thirds of the thigh. The thigh-straps, when worn in this manner, will retain the pads and pelvis-band in their proper position, without causing any inconvenience and with perfect neatness. When it may be necessary to afford a *perineal support*, these straps are to be crossed over the *perineum*, and a *sponge compress* of a proper shape, covered with fine cloth, is to be applied to this part, and stitched to the straps. It will be readily perceived that this compress can be more comfortably and neatly worn (and probably as efficiently) than the *wedge* in common use. And this, with the straps, when it be desirable, may be washed or laid aside, and others substituted at a trifling expense.

This supporter has been used with success in cases of prolapsus uteri, chronic diarrhoea, hernia, paracentesis abdominis, parturition and ischuria. The history of the interesting case, given in the following letter, illustrates the utility of this instrument, where abdominal support or pressure is indicated:

DR. L. HOWE.—Dear Sir,—Yours of the 14th inst. has been received. In answer to your inquiries, we would state, that the patient, for whom we procured your abdominal supporter, had been confined to her bed constantly for four and a half months, and had, during all this time, been obliged to have her urine drawn with a catheter. Upon the application of the supporter she very soon got up, and the succeeding day was able to walk about the house, and before a week had elapsed she could sit up all day. She has had no occasion to use the catheter since the application of the supporter, four weeks since. She is now able to do light work and ride about town in a waggon without any injury; and justly attributes her recovery to the efficacy of your invention. If we ever had any doubts as to its utility, we must be sceptical indeed, if they should not yield to such evidence as this. We are fully convinced that this instrument is destined to be of eminent service to mankind.

Peterborough, Sept. 29, 1840.

Yours very respectfully,

WM. FOLLANSBEE," M.D.

ALBERT SMITH," M.D.

The early history of this case I have not learned, as the patient did not come under the care of these gentlemen till a few days before the application of the supporter.

This instrument is quite convenient in affording pressure to the uterus to suppress flooding after delivery. Any amount of pressure may be applied by it, even to the compression of the aorta. The sand-bag, used as recommended by Kluge and Betschler, is, undoubtedly, a powerful agent in suppressing uterine hemorrhage, as it will conform itself to the globular form of the uterus, and thereby afford pressure on a considerable portion of its surface. This supporter, by its concave inner surface, produces a similar pressure, but is more conveniently applied, and its power graduated as the occasion may require. It should in all cases be worn for some weeks after *accouchement*. It would generally prevent the evils resulting from too early getting up, and constitutional weakness. It would be well for every physician to have in his possession some half dozen supporters of this or of similar construction, for the benefit of his patients, and not, as has too frequently been the case, subject them to the expense of an instrument which they may not need but for a few weeks.

The *Apparatus for Fracture of the Humerus and Clavicle*, has not before been presented to the profession. In a former communication I stated some of the evils resulting from the use of the *wedge* and tight bandaging in these fractures, especially in cases of the aged. This apparatus was designed to obviate these evils, and to be more convenient and efficacious than most of those in use. I send you a specimen, to be deposited in the Journal office for examination.

The splint is made of book-binders' paste-board, consisting of a cylindrical portion to envelope the humerus and acromion, and a semi-cylindrical piece, which is formed of a continuation of the inner half of the first, turned down and moulded to a convexo-concave wedge between the two portions of the splint.

The other parts of the apparatus are :—A band to be fixed to the lower end of the semi-cylindrical portion of the splint, and buckled on the opposite side of the trunk, below and near the breast, which is to be retained in its place by connecting it with a circlelet or band, buckled on the shoulder of the sound side ; a band to encircle both parts of the splint, and to be buckled on the outside of the arm ; a strap attached to this, on the anterior and posterior side of the arm, to be buckled to the trunk-band, by which the elbow is brought to the side, and immediately fixed ; a band to be passed round the affected shoulder, and buckled over the acromion process of the splint, and a strap to connect this with the circlelet on the sound shoulder ; a wedge-shaped cushion to be interposed between the two parts of the splint, with tapes attached to it, to be tied on the acromion process of the splint, by which the lower end of the cushion may be drawn up to increase, if it be necessary, its base or upper end ; and lastly, a handkerchief-sling to support the fore-arm, and, in part, the elbow.

It will be perceived, by the above imperfect description, that this apparatus, when properly applied in a case of the fracture of the clavicle, will carry its external fragment outward, backward and upward, and retain it in this position—the *important indications* of treatment in this accident. These effects, being produced by the com-

bined efforts of the different parts of the apparatus, are more comfortably borne by the patient, than when the *same or equal effects* are the result of a more simple apparatus.

The inner portion of the splint is not an essential, though a convenient, part of the apparatus. In fracture of the humerus, lower portion of the glenoid cavity, &c., the shoulder-bands and posterior strap, of course, will not be needed.

The apparatus sent you was designed for the right shoulder, but may be applied to the left by reversing the bands, &c.

I have already occupied too much space in your Journal, to the exclusion of more valuable matter, and must therefore omit, for the present, some further remarks on the application and operations of the instrument.

Your friend and obliged servant,

Jaffrey, N. H., Dec. 1840.

LUKE HOWE.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 9, 1840.

LUNATIC ASYLUMS.

THE management of the metropolitan Lunatic Asylums in England, from the year 1815 to the year 1827, has been inquired into by a select committee of the House of Commons. Although ample and humane provision had been made for the insane, they were no sooner left to the control of those into whose hands their destiny had been confided, than gross abuses and negligences characterized their treatment in very many institutions. Finally, when an incensed public could no longer tolerate the criminal neglect of the medical officers, the notoriety given to a parliamentary inquiry at once changed the whole aspect of things, and the inmates were ultimately treated as though they belonged to the human family. It was ascertained that individuals were kept as lunatics, who were not so; and convalescents were unnecessarily detained. Too many persons were received. The accommodations were insufficient; yet an ambition to keep up the impression of doing an immense business, seems to have led to the mistaken policy of packing the poor, needy, miserable subjects of these institutions too closely for their personal comfort, health and cleanliness. In time, the medical officers, like their subalterns, rather contemplated the mass than individual cases of suffering; and from negligence, the step was a short one to absolute inhumanity.

Another charge brought against the superintendents, was a neglect to provide a suitable number of competent assistants. It was alleged against the Bethnel-green establishment, that the house was excessively crowded; the medical attendance utterly insufficient; that no attempt was made to cure the patients; that they were not classified, and the diet not regulated; the superintendents were cruel, and convalescent madmen were made keepers—but, worse than all, patients were actually chained in cribs from Saturday till Monday, with only one blanket in winter, and were washed down with mops in cold water, in winter as well as summer. To

this monstrous catalogue of sins, others were superadded, absolutely shocking, and we therefore forbear to mention them.

On a careful analysis of the cause of the degeneracy of the lunatic hospitals in England and in other countries, it has been satisfactorily ascertained that where the intentions of the originators of those institutions have been perverted, and aggravated miseries meted out to the conscience-bereft patients, the evil commenced in attempting to accommodate too many subjects at once. Ten men cannot be fed on a single loaf so well as one man: the ten would certainly die of famine, in the end, notwithstanding they were regularly supplied with the morsels that prolonged their misery. If a lunatic hospital were constructed with reference to the comfortable accommodation of one hundred patients, and one hundred and twenty are taken in, the effect will be subversive of order, economy, cleanliness and comfort. The officers feel the inconvenience as severely as the inmates confided to their care; and from a false movement at the commencement, the machinery becomes more and more deranged the longer it is kept in operation under a pressure which it was not designed to bear.

To the honor of this country, no complaints have gone abroad injurious to the reputation of our insane asylums. Their administration has met the cordial approbation of the public. It is hardly possible for abuses to exist without being known, since the asylums are open to the unrestrained examination of the whole community. Men of acknowledged fitness control them, whose humanity and moral qualifications, aside from high professional attainments, cannot be questioned. If matters remain as they now are, nothing is to be apprehended for the future, destructive to the present character of these excellent charities. But there is a multitude of insane persons who are not yet accommodated. Should a crowded state of the asylums be brought about, from a disposition of the indiscreet friends to give more persons the benefit of these institutions than can be conveniently received, we may anticipate the abominations which for a time brought into disrepute the asylums of England.

There is not a lunatic hospital in New England that does not at this moment require to be enlarged—not because they are now too full, but because more patients should receive the great benefits they may confer. Legislative action should be roused to the consideration of this important matter. The good that has already accrued since the commencement of these establishments at the North, is the strongest of all arguments in favor of enlarging them, both for the purpose of relieving the miseries of those necessarily excluded on account of accommodations, and to prevent the possibility of a degeneracy of the character they now sustain.

Report of the Registrar-general of England.—The second report of this officer, reaching to July, 1839, has recently been published, and is rich in statistical information relating to the health, and the social and political condition of Great Britain. We gather from the *Lancet* such items of interest as we have room for.

“Almost every marriage is duly registered, and every register of marriage is signed by the parties married; those who are able writing their names, and those who are unable, or who write very imperfectly, making their marks. Therefore an enumeration of the instances in which the mark has been made, will show the proportion, among those married, who either cannot write at all, or write very imperfectly.”—*Report*, p. 7.

"It was ascertained, in this way, that out of 121,083 couples married, there were 40,587 men and 58,959 women who could not write. One in three of the men, and one half of the women, in the country cannot write their names! The signature is one of the simplest and best tests of the state of education that can be devised: for what a certain and deplorable degree of privation does not incapacity to write the name imply! The lamentable degree of ignorance in different parts of the country is shown. Thus, in the metropolis, of 100 adults (namely, 50 males and 50 females), 82 are able to write their names; in the northern counties, 69; in the south-eastern counties, 64; in the south-western counties, 61; in Yorkshire, 60; in the north midland counties, 59; in the western counties, 53; in the eastern counties, 52; in the south-midland counties, 52; in Cheshire and Lancashire, 49; in Wales, 41. The pastoral, agricultural, and purely manufacturing classes, are the most ignorant. The better educated artisans and tradespeople appear to emigrate, and assemble in the metropolis; for it is not probable that children born in the metropolis are educated in the schools so much more extensively than are those born in the country, as the abstracts would imply.

"The age at marriage, in England, is another fact, which is of some physiological interest, and has been considered by Malthus and the poor-law writers to be of the greatest national importance. In 121,083 couples married, 6629 men and 16,414 women were under 21 years of age. The ages of the men and women in 4858 marriages, solemnized in districts varying greatly in situation and character, were as follows:—

Ages.			Men.	Women.
15 and under	20		159	688
20	"	25	2536	2627
25	"	30	1150	861
30	"	35	398	320
35	"	40	219	187
40	"	45	156	134
45	"	50	103	76
50	"	55	70	38
55	"	60	39	17
60	"	65	19	6
65	"	70	4	4
70	"	75	4	0
75	"	80	1	0
			4858	4858

"The average age of the men was 27 years, of the women 25 years and a few months."

The Report contains some interesting remarks on the present rate of mortality. As the only data for arriving at an estimate of the population for the last year are the returns of 1821 and 1831, it is impossible to ascertain this mortality with certainty. The population of England and Wales, however, being 12,162,056 in 1821, and 14,055,562 in 1831, the Registrar-general considers it may be set down as 15,666,800 on the first of January, 1839. The deaths registered in the year of which the last named date is the middle term, were 331,007—showing a mortality for the year of 1 in 47.3 in England and Wales. In 1839 it was 1 in 46.

The following remarks by the editor of the *Lancet* are worth quoting.

"It may be mentioned, to the credit of this country and of the government, that we have taken the lead in the publication of this contribution to national statistics: for when the causes of death are recorded, analyzed, and made known, it shows that the health and life of the people are not viewed with indifference. In the "*Annales d'Hygiène*," the attention of the French government has been earnestly called to the subject; and a hope has been expressed that a similar Report of the ages and causes of death in France may be prepared. The Austrian government has, we understand, undertaken to prepare a sanatory Report, upon a comprehensive plan; so that the observations which have been hitherto allowed to moulder in the archives of the empire, will be thrown into the stock of European knowledge. The civilized nations of the world, and their governments, will thus labor to promote the health of the world, to remove the causes of untimely death, and to diminish the sufferings of humanity—a gratifying spectacle, if realized, and strongly contrasting with the history of times, not very remote, when the resources of nations were exhausted in destroying their neighbors, and glory and joy were sought by great men in the humiliation and misery of mankind. Ere many years have elapsed, the "great powers" will probably devote a few millions sterling to the extirpation of plague from Egypt and the coast of the Mediterranean; and admit that the project is more rational than a war, in which human blood would be poured out like water, and hundreds of millions of capital sunk, in order to decide which of two barbarians should play the tyrant in Syria; or which power should grasp the greatest number of unprofitable Turkish acres, and "protect" the greatest number of the Sultan's indolent subjects. M. Thiers himself may discover that he is more likely to obtain "a line in a universal history"—at least a line of well-merited approbation—by rendering the miserable part of the population of Paris healthy and vigorous—than by expending millions in exciting their blood-thirsty passions, surrounding the city with detached forts, and impeding the air of heaven by a circumvallation of high walls, which a population of a million, without food, and decimated by sickness, could not defend."

Diseases of the Nervous System.—Another beautiful volume, of large dimensions, belonging to the series of the Library of Practical Medicine, edited by Dr. Alexander Tweedie, has been issued from the Philadelphia press. We have as yet hardly had an opportunity of reading the index. Of its character, however, there can be no doubt, emanating, as the various dissertations of the Library do, from the highest medical sources in Europe. It seems to us that specimen copies of this valuable publication should be more extensively circulated in the interior of the country, that its claims may be understood as extensively as possible.

A just Rebuke.—On Wednesday last, just as Mr. Liston had commenced an operation for the removal of a piece of necrosed bone from the os calcis of a child, a person in the theatre, because the poor little sufferer began to cry, burst out into a loud laugh; whereupon Mr. Liston instantly turned round, and asked, "If the offender belonged to that hospital?" He then remarked that "such unfeeling conduct was disgusting and disgraceful in the extreme." The honorable gentleman also alluded, in strong terms of reprehension, to a similar exhibition of cruel misbeha-

vior a few days since, and said, "that he sincerely hoped that the offending party was not a member of that school." This well-timed and excellent rebuke appeared to give great satisfaction to the gentlemen present. The operation was quickly executed, in Mr. Liston's admirable and unrivalled style.—*Lancet*.

Medical Miscellany.—Dr. March operated the other day before the class in the Albany Medical College, upon a young man 17 years of age, who had a large medullary sarcomatous tumor surrounding the lower extremity of the os femoris, and involving the knee-joint. Although the disease commenced in May last, it had attained, on the first of November, the enormous growth of 27 inches in circumference. The crural artery being compressed by an assistant, the limb was amputated in six seconds, says the reporter. Dr. March is a successful and meritorious operator. He studied his profession in Boston, under the best auspices for acquiring accurate surgical and anatomical knowledge.—Dr. Parker, so celebrated as an oculist and general surgical operator at Canton, in China, is shortly expected in this country.—Dr. Bowditch, No. 8 Otis place, Boston, has for disposal all kinds of respirators, ranging from \$3 to \$15; a most useful article for all persons having irritable lungs.—Dr. Usher Parsons, of Providence, was chosen by the electoral college of Rhode Island, to carry the votes for President to Washington. It happened in this wise: the electors not agreeing upon a candidate, several names were placed in a hat, and the one first drawn happened to be the doctor's.—Dr. Butler was re-elected, last week, by the City Council, as superintendent of the Lunatic Hospital at South Boston.—In the Journal of the Franklin Institute for October, is an account of an improved tooth extractor, by John McConnell, of Philadelphia—patented. It is just as useless to take out a patent for a surgical instrument, as for a paper of pins.

The American Medical Almanac for 1841 is now ready for delivery, and may be obtained at this office. Further particulars next week.

A number of communications are deferred this week for want of room.

MARRIED.—In Roxbury, Dr. Wm. Ingalls, Jr., of Laurel Hill, Parish of W. Feliciana, La., to Miss Julia A. M. Davis, of K.

DIED.—At Louisville, Geo., Sept. 30, Samuel W. Robbins, M.D., 53, formerly of Colchester, Conn.

Number of deaths in Boston for the week ending Dec. 5, 33.—Males, 16—females, 17. Stillborn, 1. Of consumption, 4—old age, 2—scrofula, 1—enlargement of the heart, 1—suicide, 1—measles, 1—brain fever, 1—infantile, 2—hooping cough, 3—dropsy, 1—inflammation of the bowels, 1—marasmus, 1—typhoid pneumonia, 1—typhus fever, 2—hives, 1—fits, 1—cancer in the womb, 1—canker, 1—dropsy on the brain, 1—diarrhea, 1—lung fever, 1—paralysis, 1.

DR. HOWE'S SURGICAL INSTRUMENTS.

ARRANGEMENTS have been made for the manufacture of the following instruments, and they, or any number of them, will be sent, at the prices annexed, and at the mutual risk of the parties, to any part of the country, as may be directed by letters sent to my address. Figs. 1, 2, &c. refer to a description of these instruments, illustrated by cuts, in Nos. 15 and 16 of the 22d vol. of this Journal.

Ratchet-wheel Windlass with pulley, fig. 1, \$2.50. Pulley and Staff (without the above additions), 50 cts. Thigh Cases by the pair, with pelvis and thigh straps, with connecting slides and screws, fig. 2, \$1.00 to \$7.00. Posterior-concave Splint, for the leg, with a ratchet-wheel windlass, a garter, and garter or knee-band with fobs, fig. 3, \$2.00. Posterior-concave Splint, without windlass (two sizes), fig. 4, \$1.50 to \$4.00. Ulna Supporter, fig. 5, \$1.50. Splints or Cases for the forearm, per pair, \$2.50 to \$5.00. Apparatus for the humerus and clavicle, \$2.00. Semi-circular Tourniquet, \$3.00. Improved Rag-wheel-spring Truss, \$3.00. Improved Abdominal Supporter, \$2.00 to \$4.00.

Address Dr. L. Howe, P. M. Jaffrey, N. H.

The Abdominal Supporter may be obtained at the office of the Medical Journal, where orders for any other instrument on the list will also be received.

Dec. 5.—M

REGISTER OF THE WEATHER,
Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 43° 15' 49". Elevation 483 ft.

1940.	THERM.			BAROMETER.			Wind.	Weather.	Remarks.
	h.	a.	m.	h.	a.	m.			
Nov.	h.	a.	m.	h.	a.	m.	S. P. M.	S. P. M.	
1 Sun.	37	40	40	29.48	29.50	29.50	NW	Fair	
2 Mon.	33	40	44	29.79	29.84	29.83	SW	Fair	Very pleasant days.
3 Tues.	30	46	40	29.73	29.64	29.43	N	Fair	Halo around the moon.
4 Wed.	40	49	44	29.50	29.59	29.60	NE	Fair	
5 Thurs.	39	46	40	29.50	29.40	29.40	NW	Fair	Halo around the moon.
6 Frid.	44	54	50	29.38	29.38	29.38	N	Cloudy	
7 Satur.	40	41	40	29.54	29.59	29.60	NE	Fair	
8 Sun.	40	44	44	29.54	29.45	29.30	NE	Rain	
9 Mon.	47	54	47	29.60	29.64	29.60	NE	Rain	Very stormy day and night.
10 Tues.	37	58	40	29.54	29.38	29.30	NW	Fair	
11 Wed.	37	47	45	29.40	29.47	29.40	NW	Fair	Rain.
12 Thurs.	41	48	46	29.41	29.38	29.30	NE	Cloudy	Rainy night.
13 Frid.	48	49	46	29.17	29.13	29.10	NW	Fair	Aurora borealis.
14 Satur.	54	45	45	29.81	29.30	29.20	NW	Fair	High wind. Snow in the night.
15 Sun.	52	43	41	29.15	29.00	29.00	NW	Cloudy	Rainy forenoon. Aurora borealis.
16 Mon.	51	30	30	29.34	29.38	29.35	NW	Fair	
17 Tues.	50	40	37	29.38	29.35	29.30	NW	Fair	
18 Wed.	30	36	35	29.37	29.30	29.13	NW	Cloudy	Snow storm in the night.
19 Thurs.	37	38	30	29.51	29.50	29.00	NW	Fair	High wind. Aurora borealis.
20 Frid.	39	39	31	29.51	29.30	29.31	NW	Fair	Aurora borealis.
21 Satur.	33	34	35	29.50	29.52	29.54	NW	Fair	Indications of storm.
22 Sun.	30	30	30	29.60	29.54	29.45	NE	Cloudy	Snow commenced at 8 P. M.; rain at 4.
23 Mon.	30	30	30	29.64	29.50	29.40	NE	Cloudy	Foggy; much ice on trees; evening, snow
24 Tues.	34	45	40	29.30	29.40	29.50	NW	Fair	[squal and cleared off.
25 Wed.	36	40	35	29.40	29.35	29.30	N	Cloudy	Snow in the evening.
26 Thurs.	30	30	34	29.09	29.12	29.15	W	Fair	
27 Frid.	30	30	34	29.30	29.40	29.44	NW	Fair	Beautiful sunset.
28 Satur.	35	35	36	29.51	29.46	29.45	SW	Cloudy	
29 Sun.	35	44	44	29.43	29.40	29.37	SW	Fair	
30 Mon.	45	57	50	29.53	29.59	29.54	SW	Fair	Warm south wind.

The month of November has been a cloudy, wet, cheerless season, but warm and favorable for the ingathering of the latter harvest. Much rain has fallen, and the earth is well supplied with water.—The range of the thermometer has been between 24 and 57; barometer, between 29.91 and 29.04.

A PHYSICIAN.

Who has been in practice twelve years, located in one of the most flourishing villages in New England, having a good share of practice, wishes to dispose of one half of his buildings (which are new and particularly designed for two families), to a physician with whom he wishes to be associated in business. None need apply without good recommendations. To such a one a great bargain will be given, and immediate possession. One who has had some years' practice would be preferred. Address the editor; if by letter, post-paid.

Nov. 25.—

MEDICAL SCHOOL OF MAINE.

The Medical Lectures at Bowdoin College will commence on Monday, the 15th day of February, 1941, and continue three months.

Anatomy and Surgery, by JAMES ROSE, M.D.
Theory and Practice of Physic, by JOHN DELANAY, M.D.
Obstetrics, by EMMERSON WELLS, M.D.
Chemistry and Materia Medica, by PARKER CLEVELAND, M.D.

The Library contains 3000 volumes, and is annually increasing.

Amount of fees for the Lectures is \$50, payable in advance.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.
Brunswick, October, 1940.

F. CLEVELAND, Secretary.

D. 2.—41

PRIVATE MEDICAL INSTRUCTION.

The subscribers having been long engaged in private medical instruction, propose to receive pupils, and to devote to them such time and opportunities for study and practice as are necessary for a medical education. Their pupils will be admitted without fee to the lectures on midwifery in the Massachusetts Medical College, to the practice of the Massachusetts Hospital, and have opportunities for the study of practical anatomy under the immediate superintendence of Dr. Otis. Terms may be learned by calling on Dr. Otis, No. 8 Chambers street. Fuel, lights and rooms without charge.

WALTER CHANNING,
GEORGE W. OTIS, JR.

Boston, August 15, 1940.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.50 a year in advance, \$5.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory references. Forgets the same as for a newspaper.

Wm. W. Woodland